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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 9755

SERIAL NUMBER 10/718,315	FILING OR 371(c) DATE 11/20/2003 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. GLM-1042A
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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

ITALY RM2002A000596 11/27/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 6	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

27316

**TITLE**

VASCULAR PROSTHESIS FOR THE TREATMENT OF ABDOMINAL AORTIC ANEURYSMS, USING A COMBINED LAPAROSCOPIC/ OPEN AND ENDOVASCULAR TECHNIQUE, AND DELIVERY SYSTEM FOR RELEASING A PROSTHESIS FITTED WITH ANCHORING STENTS

FILING FEE RECEIVED 1270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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